

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007365

STATE FILE NUMBER

AMENDED

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 4

FILED FEB 19 1962

1. PLACE OF DEATH

a. COUNTY

Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Bridges Twp.

Length of stay in lb

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Ozark

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Gainesville

d. STREET
ADDRESS

Rural

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Lonzo

Middle

Mahan

Last

4. DATE
OF DEATH

Month

2 -

Day

5 -

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-7-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Ozark Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J.T. Mahan

13b. MOTHER'S MAIDEN NAME

Katherine Blythe

14. NAME OF HUSBAND OR WIFE

Elsie Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Elsie Mahan, Gainesville Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Arterial Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 1, 1962 to Feb 5, 1962 and last saw her alive on Feb 3, 1962
Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. J. Oberman

(Degree or title),

22b. ADDRESS

Gainesville, Mo.

22c. DATE SIGNED

2-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-7-62

23c. NAME OF CEMETERY OR CREMATORY

Lilly Ridge

23d. LOCATION (City, town, or county)

Gainesville Mo.

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard, Gainesville

25. DATE RECD. BY LOCAL REG.

2-15-62

26. REGISTRAR'S SIGNATURE

Lou Anna Wade

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Unney

Licensed Embalmer No. *4885*

P. O. Address *Cambridge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.